CLINICAL PHARMACY PRIORITISATION TOOLS TO IMPROVE PATIENT CARE

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Conflict of interest: nothing to disclose

WORKSHOP CONTENT

- Why prioritise?

- What is the current evidence?

- What makes a patient complex or a priority?

- What makes a good prioritisation tool?

- What factors should you consider when implementing a prioritisation tool?
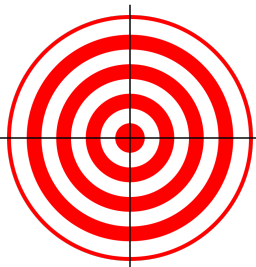
Why Prioritise?

Safety

- Pharmacists play key role in **patient safety**
- EQUIP found 1/10 hospital prescriptions contain an error[1]
- **Risk of ADEs** if miss patients who need review
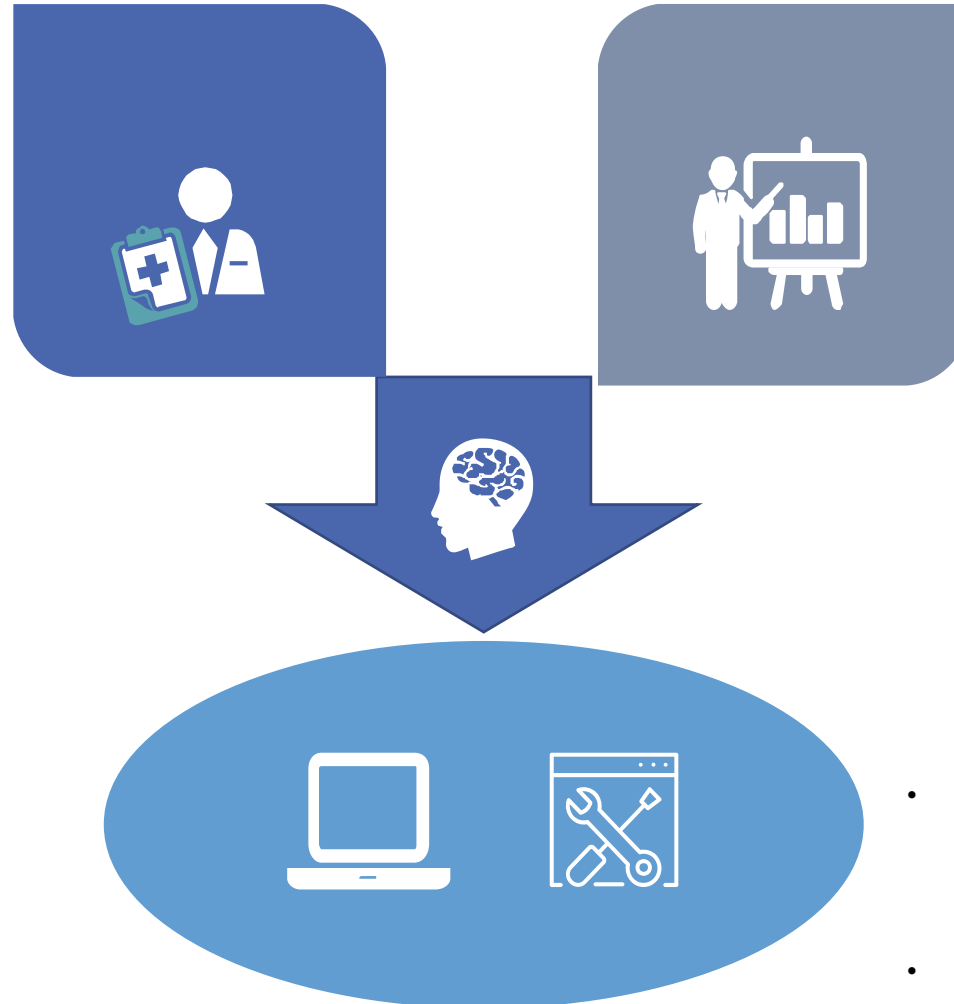
Efficiency

- Are we making the most of **pharmacy resources** including staff and experience?
- Is the traditional model of delivery working?
- **Can we effectively respond to pressures on the system e.g. Covid 19**, MR targets, 24/7 working?

Development of tools

- Acuity or prioritisation tools to target pharmacy services to those patients who would most benefit
- Locally developed systems

1. Ashcroft DM, Lewis PJ, Tully MP, Farragher TM, Taylor D, Wass V et al. Prevalence, Nature, Severity and Risk Factors for Prescribing Errors in Hospital Inpatients: Prospective Study in 20 UK Hospitals. Drug Safety 2015; 38(9):833-843.

POLL: HOW DO YOU DECIDE WHICH PATIENTS TO SEE FIRST?

- By speaking to nurses and/or doctors

- From previous pharmacist handover

- I see patients taking high risk medicines first

- By management choice to serve some units and not others

- By using a prioritisation tool

- I don't- I tend to start at bed one

- Other

Systematic Review

- Nineteen studies involving **17** risk assessment tools- included **from around the world.**

- **Heterogeneous** - targeting different patient groups and clinical settings

- Lack of agreement on tool components - include **many different risk factors**

- **None measured impact** on prescription errors or ADEs

- Perceived positive impact of risk assessment tools on **patient care** and **pharmacy service provision**.

ELSEVIER

Research in Social and Administrative Pharmacy

Available online 20 September 2018

In Press, Corrected Proof ⑦

RSAP

Patient prioritization for pharmaceutical care in hospital: A systematic review of assessment tools

Meshal A. Alshakrah ☒, Douglas T. Steinke ☒, Penny J. Lewis ☒

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https://doi.org/10.1016/j.sapharm.2018.09.009   Get rights and content

Alshakrah M, Steinke D, Lewis PJ. Patient prioritization for pharmaceutical care in hospital: A systematic review of assessment tools. Research in Social and Administrative Pharmacy 2019; 15(6):767-779.

National UK Survey

- **54%** (n=70) of UK trusts and health boards have a tool or system for assigning clinical pharmacy services (RR of 76.5%,130/170)

- Red/highest priority reviewed daily, amber 48 - 72 hours, lowest risk reviewed less frequently or at discharge

- **Local development or adapted** from other hospitals

- Hospitals at **various stages of development**

- **No standardised approach**

- Little formal evaluation

- **Need for** systematically developed, **evidence-based tools** in practice

Abuzour A, Hoad-Reddick G, Shahid M, Steinke D, Tully M, Lewis PJ. Patient prioritisation for hospital pharmacy services: current approaches in the United Kingdom. European Journal of Hospital Pharmacy. Online First: 01 December 2020

Impetus for Tool Use

*"What's become really apparent is that we are doing some patients a really significant disservice, because they're not getting enough time from us. So, this, to me, is less about stopping seeing people who don't need us, although I think that is important, **it's more about making sure that we're seeing the people who really do need us**."*

Types of Tools

Predictive models

Electronic

Paper

Paper-electronic
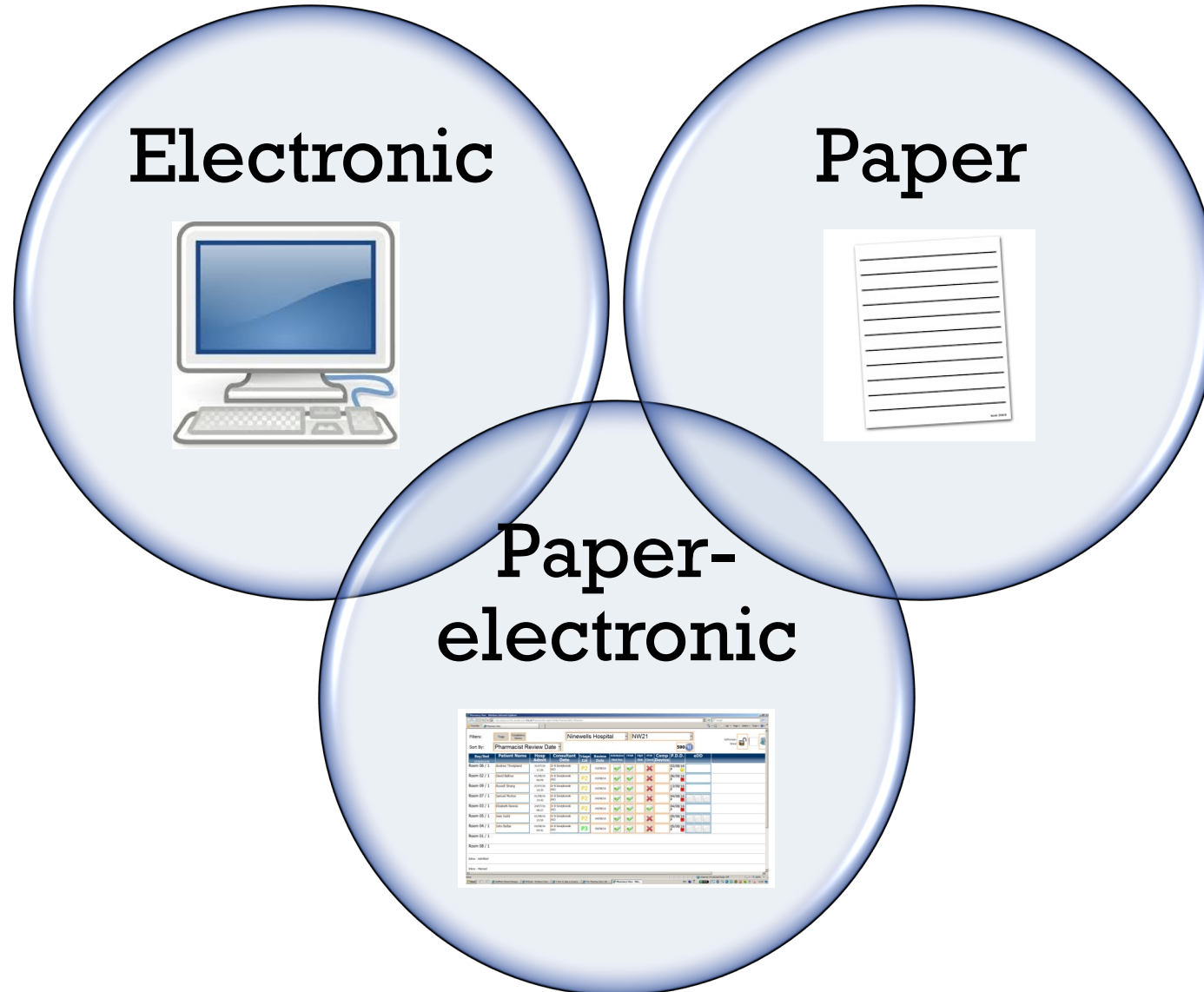
Naturalistic expert knowledge driven tools
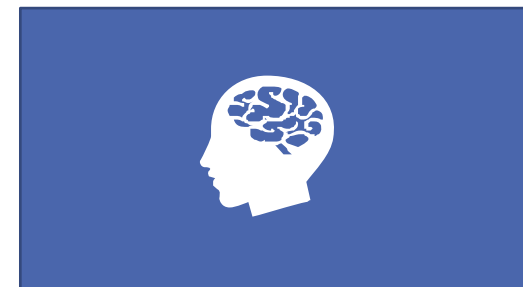
WHAT FACTORS MAKE A PATIENT A PRIORITY FOR PHARMACY REVIEW?

Please put your responses in the chat
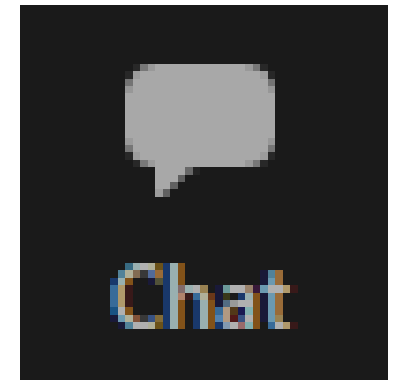
Selection of tool components
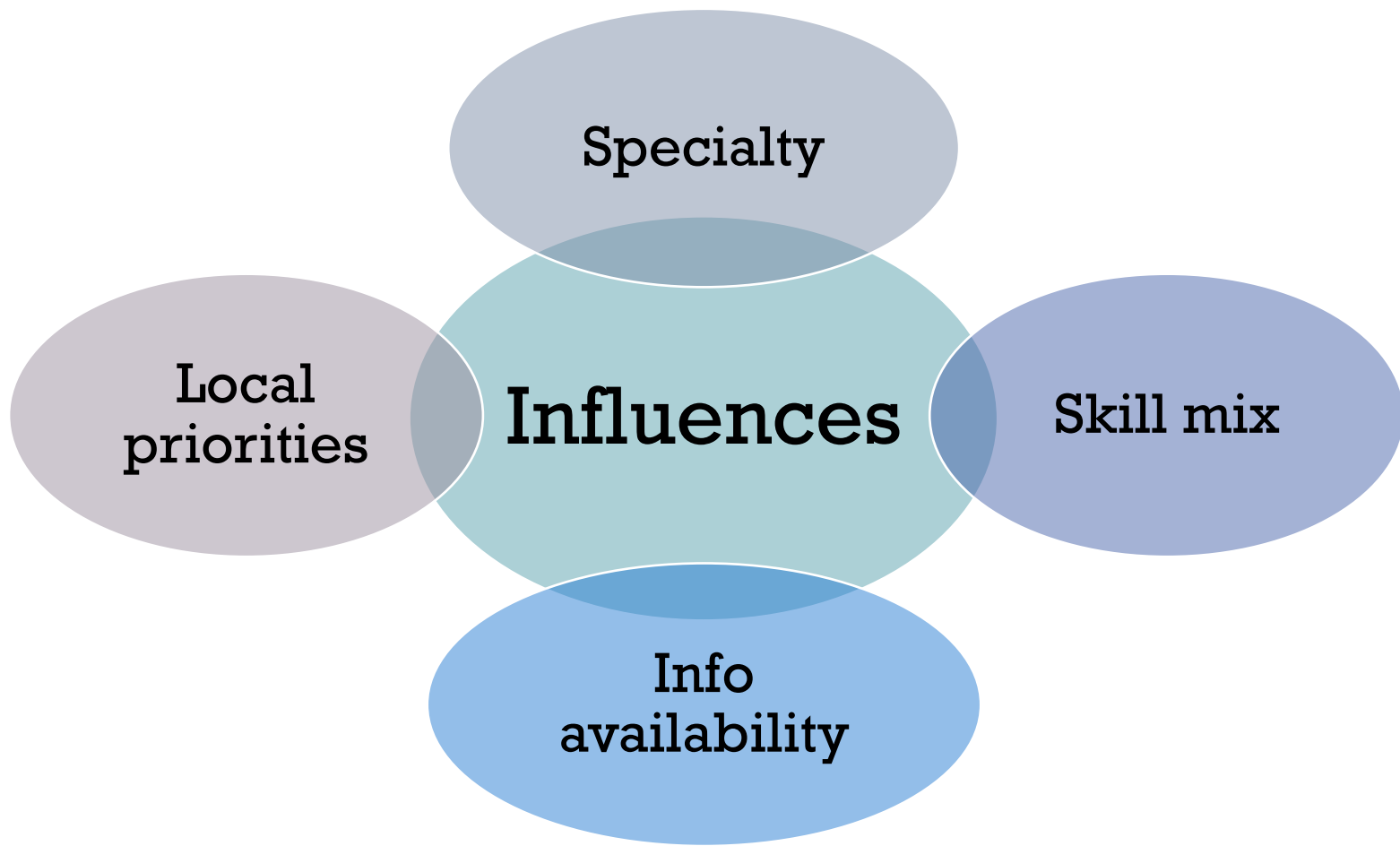
What makes a patient complex or a priority?

- **International Delphi** study including **33 experts** and consensus reached on 92 components.

- Components grouped into demographic, clinical and medication components and condensed to 33 items and included in the first draft of the **Adult Complexity Tool for Pharmaceutical Care** (ACTPC)

- ACTPC tool stratifies patients into highly, moderately or least complex

- **National Delphi study** including **40 experts** reach consensus on review frequency and experience of pharmacy practitioner at each level
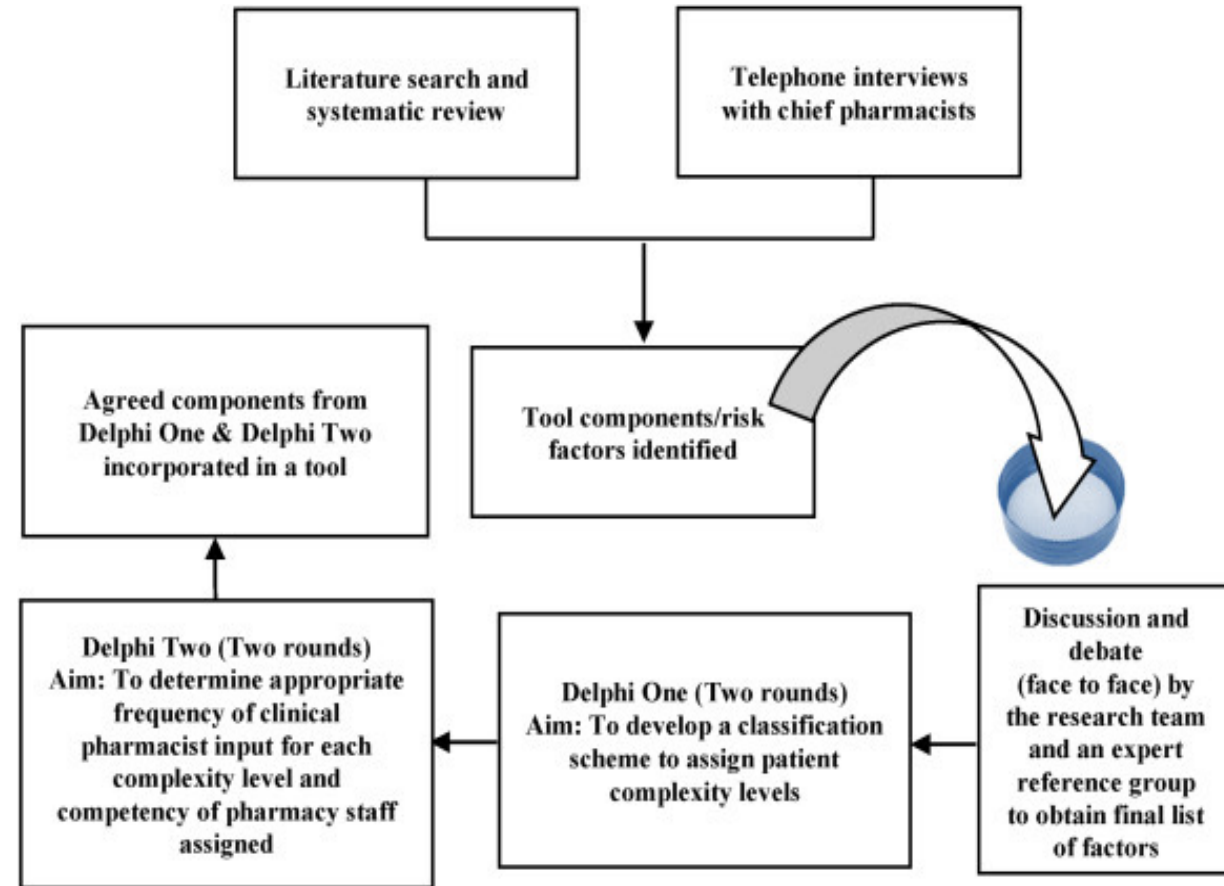
FUNDED BY
NIHR | National Institute for Health Research

THE ADULT COMPLEXITY TOOL FOR PHARMACEUTICAL CARE

ACTPC-1

ACTPC-2

Alshakrah MA, Steinke DT, Tully MP, Abuzour AS, Williams SD, Lewis PJ. Development of the adult complexity tool for pharmaceutical care (ACTPC) in hospital: a modified Delphi study. Research in Social and Administrative Pharmacy 2021; online first 14 Feb.

Tool Benefits

- **Surveillance** and oversight of pharmacy service demand - facilitating the management of staffing and efficient use of resources

- Ability to assign **appropriately experienced** pharmacist

"As manager, to be able to look through and see which areas may be struggling… for whatever reason, be able to approach the team and find out what's happened or what extra help they need as well. So we've got much better oversight."

"As well as individual pharmacists managing their own workload it lets the team leaders manage the work of the whole team and allows them to target tasks to individuals based on individuals' knowledge and skills"

"We don't normally go to orthopaedics but there's a new patient on the orthopaedic ward that's on high risk drugs, somebody go and sort that out."

Tool Benefits

- Enhanced **continuity of care**

"A pharmacist would go in totally naïve to what the care issues were and now, because everything is logged, you know the patient red, amber or green, you can see from the comments column what made them that status, the continuity of care is, I would say, is far improved."

- **Learning opportunity**

"And also gives them [pharmacists] responsibility of making sure that they discuss the more unwell patients, or the higher priority patients, that they discuss them with somebody more senior"

- Instilled **confidence**

" …it lets individuals feel confident they've done the things they need to do in the order they need to do them. So the days of when you turned up on a ward and had to go around every bed just to find the things you need to do are gone now. So you can confidently not go and see patients because nothing's changed."

Tool Drawbacks

- **Implementation problems** - lack of pharmacist uptake

- Potential to miss out on **wider pharmaceutical issues**

*"…you have, pharmacists are generally quite risk averse.
So we do have pharmacists that say I couldn't possibly leave this patient from Thursday to Friday but will leave them at the weekend."*

"So a patient that's had their meds sorted out on admission and everything's gone green gets left behind…and the opportunity for a pharmacist to have a conversation with them and suddenly realise there's some issues around their concordance and things like that is gone because we've deselected them as being high risk."

Tool Drawbacks

- Paper-based systems (vs electronic systems)

- Tool sensitivity

- Risk of deskilling

"…the difficulties are that we don't have an electronic system at the moment, there isn't a way of identifying patients that we are potentially missing. So if…a new medication has been prescribed, there isn't a way of that being flagged up to us, like it would be in an electronic system."

"In the Epic system, you can get a list of patients that are on high risk medicines, but we found that that wasn't very effective because so many patients are on high risk medicines, so that it actually doesn't help you target patients, it's too crude."

Top Tips for Tool Use

Explore current tools

Adapt tools - ensuring fit local context

Include engagement from the frontline team

Time effective and clear

Allow for professional judgement

Consider at implementation of EPR and EP

Allow for human contact

Evaluate

Workshop reflection

- How do you currently prioritise patients for pharmaceutical care in your organisation?

- What are the advantages and disadvantages of your current approach?

- What would you want a prioritisation tool to achieve?

- What do you have in your organisation that could help you implement a prioritisation tool?

- What one action are you going to complete after attending this session?

Three take home messages

1. Use the evidence when considering tool implementation
2. Engage frontline staff in the development and implementation of prioritisation tools
3. Monitor an evaluate the impact of changes

Questions

- **Please raise your hand or use the chat function to ask questions**
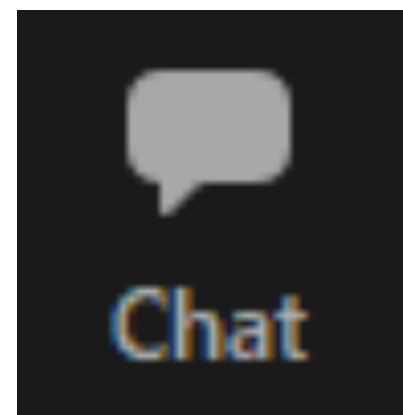
THANKS FOR LISTENING

Please email questions to penny.lewis@manchester.ac.uk or steven.williams@dorsetgp.nhs.uk or tweet @DrPennyLewis @STEVECHEMIST